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State of Connecticut
Office of Health Care Access
CON Determination Form
Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Lawrence & Memorial Hospital	
Doing Business As	N/A	
Name of Parent Corporation	Lawrence & Memorial Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	365 Montauk Avenue New London, CT 06320	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Non-profit	
Name of Contact person, including title	Cynthia B. Kane Executive Vice President & Chief Operating Officer	
Contact person's street mailing address	365 Montauk Avenue New London, CT 06320	
Contact person's phone, fax and e-mail address	860) 442-0711 ext. 2071 Fax:(860) 444-3741 CKane@LMHosp.chime.org	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:
Establish Lawrence & Memorial Joslin Diabetes Center in Old Saybrook, CT
- b. Location of proposal (Town including street address):
633 Middlesex Turnpike, Old Saybrook, CT 06475
- c. List all the municipalities this project is intended to serve:
The primary service area for the Old Saybrook location, based on existing patient town of origin, is Niantic, Old Lyme, East Lyme, Old Saybrook and Lyme. The secondary service area, based on existing patient town of origin, includes the towns of East Haddam, Essex, Guilford, Westbrook, Deep River, Chester, Clinton, Madison, Killingworth, Centerbrook, Durham, Hadlyme, South Lyme and Branford.
- d. Estimated starting date for the project:
April, 2006
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

<table border="0"><tr><td>E</td><td>P</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Acute Care Hospital	E	P	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"><tr><td>E</td><td>P</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Imaging Center	E	P	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"><tr><td>E</td><td>P</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Cancer Center	E	P	<input type="checkbox"/>	<input type="checkbox"/>
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<table border="0"><tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table> Hospital Affiliate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													

SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$ 0.
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$ 0
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$ 0
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 0

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A				

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source: N/A

- | | | |
|---|---|--|
| <input type="checkbox"/> Operating Funds | <input type="checkbox"/> Lease Financing | <input type="checkbox"/> Conventional Loan |
| <input type="checkbox"/> Charitable Contributions | <input type="checkbox"/> CHEFA Financing | <input type="checkbox"/> Grant Funding |
| <input type="checkbox"/> Funded Depreciation | <input type="checkbox"/> Other (specify): _____ | |

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

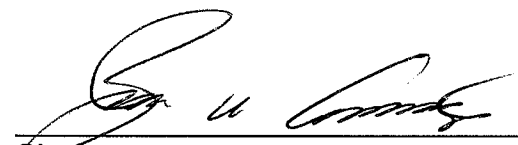
1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

SECTION V. AFFIDAVIT

Applicant: Lawrence & Memorial Hospital

Project Title: Establish Lawrence & Memorial Joslin Diabetes Center in Old Saybrook, CT

I, Bruce D. Cummings, President & CEO of Lawrence & Memorial Hospital being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that Lawrence & Memorial Hospital complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

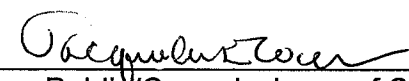


Signature

2/22/06

Date

Subscribed and sworn to before me on 2/22/06



Notary Public/Commissioner of Superior Court
JACQUELINE E. COOPER
NOTARY PUBLIC
MY COMMISSION EXPIRES JUNE 30, 2008

My commission expires: 6/30/08

SECTION IV. PROPOSAL DESCRIPTION

This proposal is to improve accessibility to comprehensive diabetes services for more than 400 patients currently served by the Joslin Diabetes Center at Lawrence & Memorial Hospital, and consequently increase access for new patients residing more proximate to existing service locations. These patients represent 10% of total program patients and reside in towns west of Lawrence & Memorial's main campus at 365 Montauk Avenue, New London.

Lawrence & Memorial Hospital (Hospital) proposes to establish a satellite location, under the Hospital's license, at the Old Saybrook Medical Office Building, 633 Middlesex Turnpike, Old Saybrook, CT 06475. The primary service area for the Old Saybrook location, based on existing patient town of origin, is Niantic, Old Lyme, East Lyme, Old Saybrook and Lyme. The secondary service area, based on existing patient town of origin, includes the towns of East Haddam, Essex, Guilford, Westbrook, Deep River, Chester, Clinton, Madison, Killingworth, Centerbrook, Durham, Hadlyme, South Lyme and Branford.

Lawrence & Memorial Hospital currently operates the Joslin Diabetes Center at L&M, under the Hospital's license, at two sites: New London and Mystic, CT. The New London office opened in 1999, and in February 2002, L & M commenced operation of the Mystic location. Currently nearly 4,000 non-duplicated total patients are served.

The Joslin Diabetes Center at L&M provides comprehensive medical management, nutrition and nursing assessment, social services and education at each location. Primary care physicians may refer for these services once a diagnosis of diabetes has been determined. The physicians, nurse practitioners and certified diabetes educators and others collaborate to provide extensive and comprehensive care. Both group and individual services are available based on patient and community need. Services are offered to patients sixteen years or older.

Community education regarding risks of diabetes and treatment options is a routine part of Joslin services. Recently, a pre-diabetes program was developed to meet the growing need as the diagnosis of pre-diabetes, (fasting blood glucose levels between 100 and 125) increases.

As an affiliate of the Joslin Diabetes Center in Boston, professional education is available to physicians, nurses, dietitians, therapists and pharmacists in all aspects of diabetes management. All affiliates are responsible to initiate quality improvement projects for inpatients, outpatients and the community. The result is a continuum of care for people with diabetes and their families throughout the course of the disease.

The Hospital bills all Joslin Diabetes Center services on an a-la-carte basis, there are no clinic charges. There are no capital costs associated with the establishment of Joslin services in Old Saybrook. Office space will be sub-leased from Sound Medical Associates, a professional physician practice corporation and subsidiary of L&M Systems and Lawrence and Memorial Corporation. Payers for services will reflect the Joslin Diabetes Center at L&M's current payer mix:

Description	
Medicare	31.3%
Medicaid	8.3%
TriCare	3.5%
Blue Cross	25.0%
Commercial Insurers	11.0%
HMO	19.3%
Self-Pay	1.6%
Total Payer Mix	100.0%